

# Declaration, Power Of Attorney and Petition

WE (I) the undersigned inventor(s), hereby declare(s) that :

My residence, post office address and citizenship are as stated below next to my name,

We (I) believe that we are (I am) the original, first, and joint (sole) inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SHAPE MEMORY ALLOY-BASED MULTISTABLE ACTUATOR AND TACTILE INTERFACE IMPLEMENTING SAME

the specification of which

- ☐ is attached hereto.
- ☐ was filed on  
as Application Serial No.  
and amended on
- ☒ was filed as PCT international application  
Number PCT/FR2004/050586  
on November 15, 2004  
and was amended under PCT Article 19  
on

We (I) hereby state that we (I) have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We (I) acknowledge the duty to disclose information known to be material to the patentability of this application as defined in Section 1.56 of Title 37 Code of Federal Regulations.

We (I) hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed. Prior Foreign Application (s)

Application No.	Country	Day/month/Year	Priority Claimed	
03 50839	FRANCE	17 NOVEMBER 2003	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

We (I) hereby claim the benefit under Title 35, United States Code, § 119 (e) of any United States provisional application(s) listed below.

\_\_\_\_\_  
(Application Number)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Application Number)

\_\_\_\_\_  
(Filing Date)

We (I) hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of prior application and the national or PCT International filing date of this application.

Application Serial No.

Filing Date

Status (pending, patented,  
abandoned)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

And we (I) hereby appoint all practitioners at Customer N° 000116 as my attorneys, with full powers of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to Customer Number 000116.

Please direct all correspondence and inquiries to Joseph J. Corso at (216) 579-1700.

We (I) declare that all statements made herein of our (my) own knowledge are true and that all statements made on information and belief are believed to be true ; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardise the validity of the application or any patent issuing thereon.

HAFEZ Moustapha

NAME OF FIRST SOLE INVENTOR

Signature of Inventor

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Date

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Signature of Inventor

May 4, 2006  
Date

NAME OF THIRD INVENTOR

Signature of Inventor

Date

NAME OF FOURTH INVENTOR

Signature of Inventor

Date

NAME OF FIFTH INVENTOR

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Residence (City, State, Country) :

Post Office Address:

Citizenship :